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Application Number 09 729,279 **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) * May be used for additional claims or amendments - Hivel AFTER SECOND CLAIMS AS FILED AFTER FIRST AMENDMENT **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Total Total Indep Indep Total Total Depend Depend Total Total Claims

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